

Janet Napolitano, Governor

Deborah Malone, L.Ac., Chairman
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State of Arizona Acupuncture Board of Examiners

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(602) 542-3095 FAX (602) 542-3093

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**Auricular Acupuncture Certificate
Renewal Application
A.R.S. § 32-3922**

Scope of Certificate:

Practice of auricular acupuncture
in the State of Arizona

Term:

One year

Auricular acupuncture means the application of acupuncture needles to the pinna, lobe or auditory meatus to treat alcoholism, substance abuse or chemical dependency.

An auricular acupuncture certificate issued allows the certificate holder to practice auricular acupuncture as follows:

1. Only in a substance abuse or chemical dependency program approved by the board or the federal government and
2. Only under the supervision of an Arizona licensed acupuncturist.

Requirements For Renewal of Certification

1. Submit renewal fee: \$75.00 payable to the Arizona Acupuncture Board of Examiners
2. Complete all sections and return this application.
3. **Late renewals will not be accepted.**

**Auricular Application Renewal
Fee Schedule For 2005**

Renewal fee: A.R.S. § 32-3927 (A) (9) \$75.00

1. Return renewal application and fee together.
2. A receipt will be returned to you within 20 days. Please make checks or money orders payable to the Arizona Acupuncture Board of Examiners. **DO NOT SEND CASH.**

Expired Certificates

IMPORTANT NOTICE: There is no late renewal. If your certificate is not renewed before expiration date then you must cease and desist from auricular acupuncture. You will have to apply for certification as a new applicant and go through the application process and pay all associated fees. Expired certificates cannot be reinstated.

ADMINISTRATIVE USE ONLY:

Date Received: _____ Amount: _____ Check No.: _____ Receipt No.: _____

Answer The Following Questions Relating To The Last 12-Months

- Yes No** Has any licensing authority of any other state, district, or territory of the United States or any other country or subdivision of any country, denied you a license or certificate to practice acupuncture; or revoke, suspend, limit, restrict, or take any other action regarding your license or certificate to practice acupuncture? If so, provide an explanation.
- Yes No** Have you been convicted of a crime, including driving under the influence of drugs or alcohol, other than a minor traffic offense? If so, provide an explanation.
Note: Pursuant to A.R.S. 32-3208 an applicant who has been charged with a misdemeanor or felony involving conduct that may affect patient safety must notify the regulatory board in writing within ten working days after the charge is filed.
- Yes No** Have you had a claim for malpractice or a lawsuit filed against you alleging professional malpractice or negligence in the practice of acupuncture? If so, provide an explanation.
- Yes No** Do you have any condition that may impair your ability to practice acupuncture safely and skillfully?
- Yes No** Have you ever resigned, voluntarily or involuntarily, from a healthcare facility while under investigation or had a healthcare facility terminate, restrict, or take any other action regarding your employment, professional training, or privileges? If so, provide an explanation.

Clearly Print Or Type All Information

Full Name: _____
Certificate Number: _____ Renewal Date: _____
Name of Supervising Licensed Acupuncturist: _____

Name Of Substance Abuse Or Chemical Dependency Facility Where You Work:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____ Fax Number: _____

Residential Address

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number(s): _____

Designate which address will be your address of record which all mail will go and is of public record.

Clinic Address

Home Address

With this application for certificate renewal, I submit the following signed statement under penalty of perjury that the facts in the application are accurate, true and complete.

Signature

Date